

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047313

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 55

Primary Registration District No. 3011

Registrar's No. 132

FILED DEC 20 1963

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Carrollton</b>		c. CITY OR TOWN <b>Carrollton</b>	
Length of stay in 1b <b>40 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Carroll Co. Memorial</b>		d. STREET ADDRESS (If outside, give location) <b>505 N. Main</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>DOROTHY</b> Middle <b>T.</b> Last <b>GERLING</b>		4. DATE OF DEATH Month <b>Dec.</b> Day <b>7</b> Year <b>1963</b>	
5. SEX <b>Fe.</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/19/1907</b>
9. AGE (last birthday) <b>56</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cafe operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cafe</b>	
11. BIRTHPLACE (City and state or country) <b>Troy, Kans.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Schuler</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Rowe</b>	
14. NAME OF HUSBAND OR WIFE <b>Martin Gerling</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
<b>No</b>		16. SOCIAL SECURITY NO. <b>28 Mrs. Perry Hansel, Carrollton, Mo.</b>	
17. INFORMANT <b>Address</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	

IMMEDIATE CAUSE (a) <b>Acute Pulmonary Edema</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>
DUE TO (b) <b>Severe Bronchial Asthma</b>		<b>2 weeks</b>
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from <b>1960</b> to <b>present</b> and last saw him alive on <b>7 Dec 1963</b>	
Death occurred at <b>4:35 A.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>Jack W. Winyard</i> (Degree or Title) <b>MD</b>	22b. ADDRESS <b>Carrollton Missouri</b>	22c. DATE SIGNED <b>12-9-63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/10/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Carrollton Mo.</b>
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24. FUNERAL DIRECTOR <b>Gibson Funeral Home, Carrollton, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Dec 9-63</b>	26. REGISTRAR'S SIGNATURE <i>Mary Dean</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 6171

2 0171

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FILED DEC 23 1963

DEC 23 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 2961

P. O. Address Carrollton MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.